Please typ	e a plus :	sign (+) inside	this box	 +

UTILITY PATENT APPLICATION TRANSMITTAL

		P10/38/03	Reviseu (11-00)			
Attorney Docket No.		No. 38323-888888				
First I	nventor	Eikichi SUDA				
Title	ELECTRONIC DEVICE FOR HEALTH INDEX MEASUREMENT A CONTROL METHOD OF THE SAME					
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F	14-71-	at Na				

(Onty for n	ew nonprovisional	applications unde	r 37 C.F.R. 1.	53(b)) E	express Mail L	abel No.			
See MPEP c		ICATION ELI		intents.	ADDR	ESS TO	Assistant C Box Patent Washington		U.S.
1.	### Chapter 600 concerning utility patient application contents. Fee Transmittal Form (e.g., PTO/SB/17). (Somit en original end a ducidate for five processing). Applicant claims small entity status. See 37 CFR 1:27. [Total Pages] [Total				7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Anino Acd Sequence Submission (If applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. CD-ROM or				223891
5. Oath or I a. b. i. 6. App	Newly execute Copy from a pr (for a continua DELETION or Signed statemenamed in the pr 1.63(d)(2) and 1 olication Data Si strity is claimed to 2002-274792 fit	[To d (original or co rior application (3 tion/divisional wi OF INVENTOF in attached deleting for application, see	37 CFR 1.63 sth Box 18 c R(S) g inventor(s) 37 CFR FR 1.76 ons of 35 U September	3 (d)) completed) S.C. § 119 20, 2002	12. □ 13. ⋈ 14. ⋈ 15. □ 16. □ 17. □	Information Statement Prelimina Return Re (Should It Certified (if foreign Request	on Disclosure at (IDS)PTO-144 ary Amendment eceipt Postcard of the specifically ite Copy of Priority in and Certification i). Applicant multivalent.	Copies of IDS Citations (MPEP 503) mized) Document(s)	
18. If a CONTRIUNIG APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Dala Sheet under 37 CPT 1.6: ☐ Continuation ☐ Univisional ☐ Continuation-In-part (CIP) ☐ of prior application Nor ☐ / ☐ Continuation information Examiner ☐ Continuation-In-part (CIP) ☐ of prior application Nor ☐ / ☐ Office of Prior application Nor ☐ / ☐ Offi									
Name	VENABLE								
Address	P.O. Box 34385								
City	Washington State		D.C.		Zip Code	20043-9998			
Country	U.S.A		Teleph	one	202-962-4		Fax	202-962-8300	=
Name (Print/Type) Catherine M. Voorhees Re				Registratio	n No. (Atto	mey/Agent) Date	33,074 September 22, 2003		

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